

Kansas Department of Health and Environment
Office of Local and Rural Health

Appendix F

Kansas Statewide Farmworker Health Program - TB Coverage
Encounter log

Access Point Agency _____

| Date | Client Name | Voucher Number | Services Provided | Provider (If By Referral) |
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PLEASE DOCUMENT EACH PATIENT VISIT BY COMPLETING THIS FORM.
SEND MONTHLY TO REGIONAL CASE MANAGER.